

| GENERAL SERVICES ADMINISTRATION NATIONAL ARCHIVES AND RECORDS SERVICE VITAL RECORDS PROTECTION STATUS REPORT (PART I - EMERGENCY OPERATING RECORDS) | | 1. PROGRAM STATUS AS OF (Month, day, year) <div style="text-align: center; font-weight: bold;">30 June 1965</div> | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|-------------------|----------|--|----------|--|----------|--|----------|--|
| INSTRUCTIONS Please submit this report in duplicate to the address shown below. A separate report shall be prepared for each individually-operated vital records program. | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> TO: General Services Administration National Archives and Records Service Office of Federal Records Centers Washington, D.C. 20408 </div> <div style="width: 35%;"></div> </div> | | | | | | | | | | | | | |
| 2. DEPARTMENT OR AGENCY Central Intelligence Agency | | 3. BUREAU, SERVICE OR OFFICE | | | | | | | | | | | |
| 4. REPORT COVERS <input checked="" type="checkbox"/> a. TOTAL ORGANIZATION <input type="checkbox"/> b. HEADQUARTERS ONLY <input type="checkbox"/> c. REGIONAL OR FIELD OFFICE | | | | | | | | | | | | | |
| 5. ADDRESS OF REPORTING OFFICE (Number, street, city, State and code) 2430 E Street, NW., Washington, D. C. 20505 | | | | | | | | | | | | | |
| 6. PROGRAM STATUS- | | | | | | | | | | | | | |
| DESCRIPTION | | PHASE (Check) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">COMPLETE (1)</th> <th style="width: 50%;">INCOMPLETE (2)</th> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> </table> | | COMPLETE (1) | INCOMPLETE (2) | X | | X | | X | | X | |
| COMPLETE (1) | INCOMPLETE (2) | | | | | | | | | | | | |
| X | | | | | | | | | | | | | |
| X | | | | | | | | | | | | | |
| X | | | | | | | | | | | | | |
| X | | | | | | | | | | | | | |
| a. DEFINITIVE PLANS PREPARED, REPRODUCED AND DISTRIBUTED TO KEY PERSONNEL | | | | | | | | | | | | | |
| b. RECORDS SELECTED | | | | | | | | | | | | | |
| c. RECORDS POSITIONED AT LOCATION(S) | | | | | | | | | | | | | |
| d. APPROPRIATE EQUIPMENT AVAILABLE AT LOCATION(S) | | | | | | | | | | | | | |
| 7. REASON(S) FOR UNCOMPLETED PROGRAM ACTIONS (Give brief explanation for each item checked incomplete in item 6) <div style="font-weight: bold; padding-left: 20px;">Not applicable</div> | | | | | | | | | | | | | |
| 8. PROGRAM REVIEWED <input type="checkbox"/> a. ANNUALLY <input type="checkbox"/> b. SEMIANNUALLY <input type="checkbox"/> c. OTHER (Specify) | | | | | | | | | | | | | |
| 9. LOCATION(S) OF PROTECTED RECORDS | | | | | | | | | | | | | |
| a. CITY, STATE AND ZIP CODE | b. STREET ADDRESS | c. ROOM NO. | | | | | | | | | | | |
| Classified Information | | | | | | | | | | | | | |
| Approved For Release 2005/11/21 : CIA-RDP70-00211R000500100026-6 | | | | | | | | | | | | | |

26-6
RECORDING MEDIUM (*Paper, microfilm, punch-cards, etc.*)

Minimum volume of emergency operating records essential to carrying on the war time mission of this Agency.

**Paper, Microfilm,
Punch Cards, and
Other means.**

11,
SIGNNAME AND TITLE *(Please print)*

Chief, Records Administration Staff

TELEPHONE NO. (Or code) AND EXT.

BR A